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| Coop numerous at the                                                                                   | Complete if Known                         |                        |                    |                                  |                                             |               |                     |                        |  |
|--------------------------------------------------------------------------------------------------------|-------------------------------------------|------------------------|--------------------|----------------------------------|---------------------------------------------|---------------|---------------------|------------------------|--|
| Fees pursuant to t                                                                                     | Application Number 10/71                  |                        |                    | 550                              |                                             |               |                     |                        |  |
| FEE TRANSMITTAL                                                                                        |                                           |                        |                    | Filing Date                      |                                             | 09-24-2004    |                     |                        |  |
| For FY 2009                                                                                            |                                           |                        |                    | First Named Inventor Pat         |                                             | Patrick S.    | atrick S. McMonagle |                        |  |
| Applicant claims small entity status. See 37 CFR 1.27                                                  |                                           |                        |                    | Examiner Name                    |                                             | FU, HAO       |                     |                        |  |
| Applicant cl                                                                                           | Art Unit                                  |                        | 3693               |                                  |                                             |               |                     |                        |  |
| TOTAL AMOUNT OF PAYMENT (\$)                                                                           |                                           |                        |                    | Attorney Docket No. 03084        |                                             |               | 48-000026 <b>/</b>  |                        |  |
| METHOD OF PAYMENT (check all that apply)                                                               |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
|                                                                                                        |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| Check                                                                                                  |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| Deposit Account Deposit Account Number: 13-4365 Deposit Account Name: Moore & Van Allen PLLC           |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| Ch                                                                                                     | arge fee(s) indicate                      | ed below               |                    | Cha                              | rge fee(s)                                  | ) indicated b | elow, <b>exc</b> e  | ept for the filing fee |  |
| Charge any additional fee(s) or underpayments of fee(s)                                                |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| WARNING: Informa                                                                                       | ation on this form m                      | ay become publ         | ic. Credit card in | formation should                 | not be inc                                  | cluded on thi | s form. Pro         | vide credit card       |  |
|                                                                                                        | thorization on PTO                        | -2038.                 |                    |                                  |                                             |               |                     |                        |  |
| FEE CALCUL                                                                                             |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| 1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES                 |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
|                                                                                                        |                                           | Small Entit            | X                  | <b>Small Entity</b>              |                                             | <u>Small</u>  |                     |                        |  |
| Application <sup>-</sup>                                                                               |                                           | <u> </u>               | <u>Fee (\$</u>     |                                  |                                             | (\$) Fee      |                     | Fees Paid (\$)         |  |
| Utility                                                                                                | 330                                       |                        | 540                | 270                              | 22                                          |               | )                   |                        |  |
| Design                                                                                                 | 220                                       | 110                    | 100                | 50                               | 14                                          | 0 70          | )                   |                        |  |
| Plant                                                                                                  | 220                                       | 110                    | 330                | 165                              | 17                                          | 0 8:          | 5                   |                        |  |
| Reissue                                                                                                | 330                                       | 165                    | 540                | 270                              | 65                                          | 0 32:         | 5                   |                        |  |
| Provisional                                                                                            | 220                                       | 110                    | 0                  | 0                                | (                                           | 0 (           | O                   |                        |  |
| 2. EXCESS CLAIM FEES Small Entity Fee (\$) Fee (\$)                                                    |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| Fee DescriptionFee (\$)Fee (\$)Each claim over 20 (including Reissues)5226                             |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| Each indepe                                                                                            |                                           |                        |                    | 220                              | 110                                         |               |                     |                        |  |
| Multiple de                                                                                            |                                           |                        |                    | 390                              | 195                                         |               |                     |                        |  |
|                                                                                                        |                                           |                        |                    | <u>e Paid (\$)</u>               |                                             | <u>Μι</u>     | <u>ıltiple Dep</u>  | endent Claims          |  |
|                                                                                                        | 20 or HP =<br>mber of total claims p      | X                      | =                  |                                  |                                             | <u> </u>      | <u>ee (\$)</u>      | Fee Paid (\$)          |  |
|                                                                                                        | nnber or total claims p<br>• <b>Extra</b> |                        |                    | <u> Paid (\$)</u>                |                                             |               |                     |                        |  |
|                                                                                                        | 3 or HP =                                 | x                      | =                  |                                  |                                             |               |                     |                        |  |
| HP = highest nur                                                                                       | mber of independent                       | claims paid for, if    | greater than 3.    |                                  |                                             |               |                     |                        |  |
| If the specific                                                                                        | ation and drawing                         |                        |                    |                                  |                                             |               |                     |                        |  |
|                                                                                                        |                                           |                        |                    |                                  |                                             | or small en   | tity) for e         | ach additional 50      |  |
| sheets or f                                                                                            | fraction thereof.                         | See 35 U.S.C<br>Sheets | C. 41(a)(1)(G)     | and 37 CFR 1<br>26 additional 50 | .16(s).<br>Lor fracti                       | on thereof    | Fee (\$             | Fee Paid (\$)          |  |
| Total Glice                                                                                            | 100 =                                     | / 50 =                 |                    | _ (round <b>up</b> to a          |                                             |               | 1 00 (4             | =                      |  |
| 4. OTHER FEE                                                                                           |                                           | \$130 fee (n           | o emall entity     | discount)                        |                                             |               |                     | Fees Paid (\$)         |  |
| Non-English Specification, \$130 fee (no small entity discount)  Other (e.g., late filing surcharge):  |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
|                                                                                                        |                                           |                        |                    |                                  |                                             |               |                     |                        |  |
| SUBMITTED BY                                                                                           |                                           |                        | -                  | De mintro Com N                  |                                             |               |                     |                        |  |
| Signature                                                                                              | /Steven B. Phillips/                      |                        |                    |                                  | Registration No.<br>(Attorney/Agent) 37,911 |               |                     | Telephone 919-286-8000 |  |
| Name (Print/Type)                                                                                      |                                           |                        |                    |                                  | Date January 13, 2011                       |               |                     |                        |  |

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.